

917

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 6327
Registered No. 132

1. PLACE OF BIRTH

County Gila State Ariz
District or Township _____ or Village _____
City Miami No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ellen Matthews
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? Yes 7. Date of birth Apr 13 1917
Month Day Year

8. FATHER
Full name Richard W. Matthews
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Ariz
10. Color or race White
11. Age at last birthday 38 (Years)

12. Birthplace (city or place) England
(State or country)

13. Occupation miner
Nature of industry Copper mining

20. Number of children of this mother 2
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living Yes
(b) Born alive but now dead None
(c) Stillborn None

14. MOTHER
Full maiden name Ellen Jane Hoard
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Ariz
16. Color or race White
17. Age at last birthday 38 (Years)

18. Birthplace (city or place) England
(State or country)

19. Occupation Housewife
Nature of industry

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:30 A.M. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature William J. Grayson
(Physician or midwife)

Given name added from a supplemental report _____ Address _____
Month, day, year

Filed _____, 19____ Registrar

542-413-574